

Defining Clinical Condition Categories for Biosurveillance

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Objective

- To create a set of clinical condition categories based on explicit criteria for use in aggregating chief complaints and coded diagnosis data in biosurveillance programs.

Background

- ESSENCE and BioSense currently aggregate ICD-9-CM diagnosis data and chief complaint free text into 11 broad syndromes groups¹, namely botulism-like, hemorrhagic illness, lymphadenitis, localized cutaneous lesion, gastrointestinal, respiratory, neurological, rash, specific infection, fever, and severe illness or death.
- Biosurveillance programs have also created diverse sets of more granular clinical condition categories (called “sub-syndromes” in the BioSense and ESSENCE programs). These sub-syndromes
 - Are more granular than syndromes
 - cover a broader range of conditions than typical syndromic surveillance (e.g., injuries, chronic disease)
- Different biosurveillance systems use different clinical condition categories, even for the same syndrome.

Example: Current Respiratory Syndrome in BioSense and ESSENCE

BioSense	ESSENCE D
Asthma	Apnea
Bronchitis & Bronchiolitis	Asthma
Chest pain	
Cough	Congestion
Dyspnea	Cough
Cyanosis & Hypoxemia	Croup
Hemoptysis	Difficulty breathing
Influenza-like illness	Hypoxia
Otitis media	
Pleurisy	Otitis media
Pneumonia & Lung Abscess	Pharyngitis
Respiratory failure	Pleurisy
RSV	Pneumonia
Upper respiratory infection	Respiratory distress
	Respiratory failure
	Sinusitis
	Upper respiratory infection
	Wheezing

- Motivation for Defining a Common Set of Clinical Condition Categories
 - Clinical condition categories (e.g., dyspnea) are more easily defined than syndromes (e.g., respiratory syndrome)
 - Facilitate creation of case definitions and ad hoc queries (e.g., headache OR stiff neck OR fever for a meningitis outbreak)
 - Using a common set of clinical condition categories will allow more consistency in interpretation of results from diverse biosurveillance systems while allowing each system to build their own unique syndromes and queries.

Methods

1. Identify Surveillance Functions to Support

A. Support syndromes used in BioSense and ESSENCE

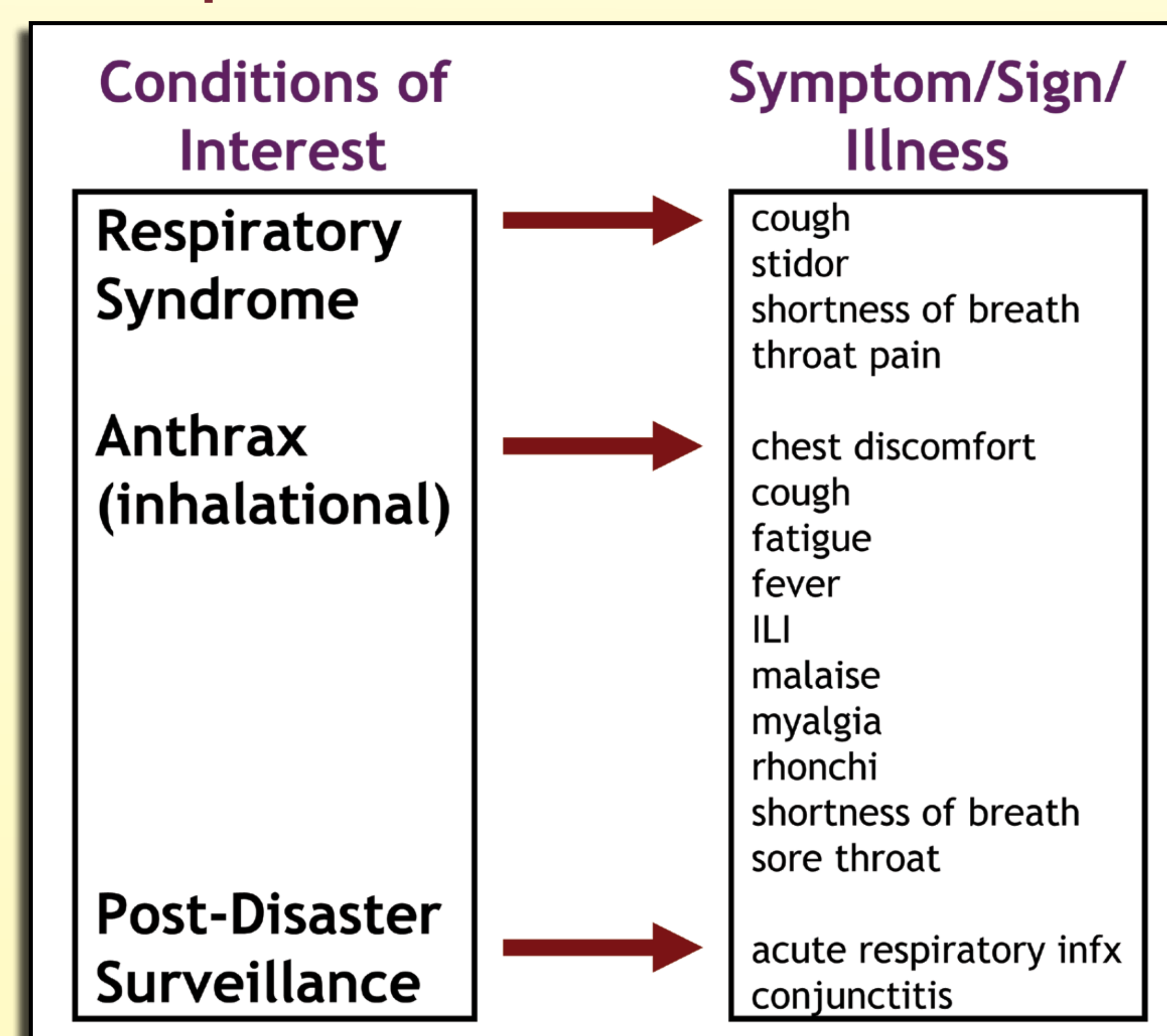
B. Support counter-bioterrorism surveillance

C. Support nationally notifiable disease surveillance

D. Support CDC recommendations for post-disaster surveillance²

2. Generate Set of Symptoms, Signs, Illnesses

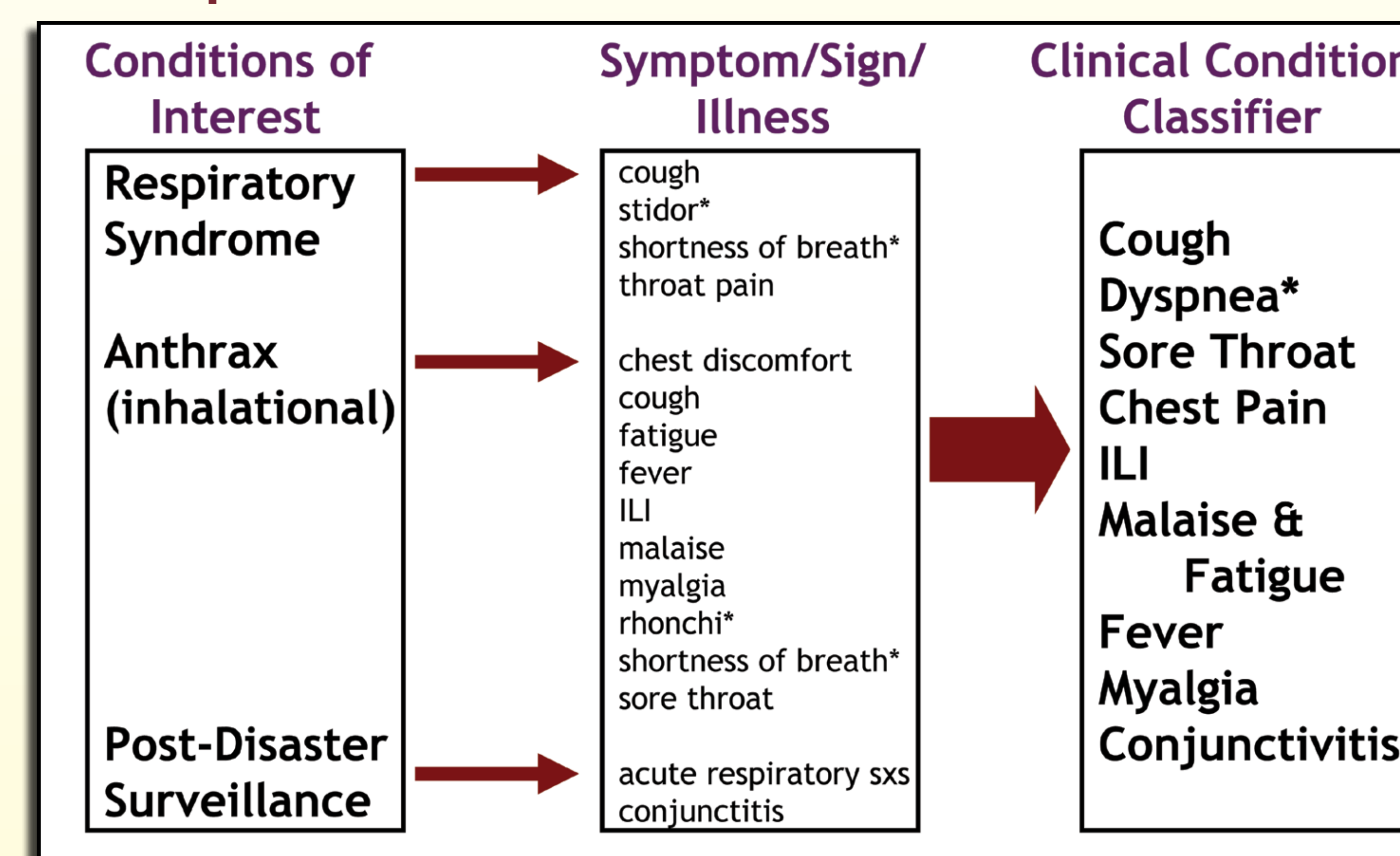
Example:



3. Aggregate Conditions and Assign SNOMED-CT Term

- Principle: Utility as a distinct category
 - Appropriate level of granularity
 - Appropriate for chief complaint free text and ICD-9-CM diagnosis codes

Example:



4. Develop Text Definition, Key Words, ICD-9 List for Clinical Condition Categories

Example:

Text definition for respiratory failure:

- Respiratory function fails to maintain adequate oxygen supply and carbon dioxide removal (UMLS)
- Includes:** cyanosis, respiratory distress syndrome, respiratory insufficiency, hypoxemia, asphyxia, respiratory arrest, apnea, pulmonary edema
- Does not include:** chronic respiratory failure, respiratory failure of newborn, respiratory failure due to surgery or trauma, sleep apnea, pulmonary edema related to heart failure

Results

- Developed criteria and process for selection of clinical condition categories
- Applied criteria to generate:
 - 73 conditions of interest
 - 629 associated symptom/sign/illness
 - 79 clinical condition categories

Draft Clinical Condition Categories

Respiratory (11) acute bronchitis asthma chest pain cough dyspnea hemoptysis influenza-like illness pneumonia respiratory failure sore throat symptom upper respiratory infection	Constitutional (6) headache anorexia dehydration fever malaise and fatigue myalgia
Gastrointestinal (7) abdominal pain diarrhea food poisoning gastrointestinal hemorrhage hepatitis infectious enteritis nausea and vomiting	Chronic Disease (3) chronic disease of cardiovascular system diabetes mellitus hypertension
Injury (17) abrasion/contusion/crushing injury accidental poisoning animal bite assault/injury NOS burn dislocations/sprains/strains drowning/pulmonary aspiration of effects of heat exposure to carbon monoxide fall fracture of bone hypothermia injury NOS laceration/stab wound motor vehicle accident non-fatal electric shock retained foreign body in eye	Dermatological (6) cellulitis insect bite/insect sting itching local infection of wound rash skin lesion
Neurological (14) altered mental status coma cranial nerve disorder dizziness dysphagia headache meningencephalitis muscle spasm numbness paralysis photophobia psychomotor agitation seizure stiff neck	Hemorrhagic Illness (3) gastrointestinal hemorrhage hemoptysis hemorrhagic condition
	Mental Health (4) psychomotor agitation acute drug intoxication/drug psychotic disorder suicidal
	Other (12) acute renal impairment anemia arthralgia conjunctivitis death female reproductive system disorder hypotension localized edema lymphadenopathy medication refill pregnancy, childbirth and puerperium finding septicemia

Discussion:

- The process outlined here represents a knowledge-based approach
- The selected clinical condition categories are appropriate for aggregating chief complaint and coded diagnosis
- Determining “utility as a distinct category” is subjective
- This process does not address specific infections
- This process does not address clinical conditions to exclude from classification (e.g., pregnancy, trauma)
- BioSense and ESSENCE will move towards using a common set of clinical condition categories

¹Centers for Disease Control and Prevention. “Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents” October 23, 2003. <http://www.bt.cdc.gov/surveillance/syndromedef/> accessed May 8, 2007.

²Hurricane Morbidity Report Form: For Active Surveillance in Clinical Care Settings” <http://www.bt.cdc.gov/disasters/hurricanes/asccs.asp>, accessed May 11, 2007.”